

ASSOCIATION OF DISCIPLE MUSICIANS

“Come, O Spirit, and Renew”

Conference Registration

July 22-26, 2024 ~ Harvard Avenue Christian Church ~ Tulsa, OK

(Conference begins with registration at 3:00 on July 22 and ends with lunch on July 26)

Conference Registration Fee ~ Please put number with credit card pmt. or amount if paying by check.

Individual (\$250.00/ea.) No. _____ Amt. _____

If Registration is paid by or before June 1, the fee is (\$200.00)

Spouses/Partners (\$200.00/ea.) No. _____ Amt. _____

If Registration is paid by or before June 1, the fee is (\$175.00)

Daily Commuter Registration (T, W, & Th) (Lunch & Dinner Incl.) (\$75/day) No. _____ Amt. _____

Lodging at Hotels ~ Make your own reservations from the following nearby hotels, and if you would like to share a room, please check. * Names will be emailed to registrants. * Would like to share _____

La Quinta Inn & Suites by Wyndham, 2854 E. 51st St., 918-392-5116, 0.8 mi. from church

Hilton Garden Inn Tulsa Midtown, 4518 E. Skelly Dr., 918-878-7777, 1.6 mi. from church

Double Tree by Hilton Hotels, 6110 S. Yale Ave, 918-495-1000, 1.8 mi. from church

Comfort Inn Midtown, 4530 E. Skelly Dr., 855-516-1090/866-306-0941, 1.6 mi. from church

Holiday Inn Express, 4680 E. Skelly Dr., 888-465-4329/918-986-8200, 1.6 mi. from church

Scholarship Opportunity ~ Please check if you are a full-conference registrant, this is your first ADM Conference, and you'd like to apply for the Vera Enz First-timer's Scholarship of \$50 per individual or \$75 per couple. Will be presented at the closing service on Friday. _____

or

If you are a "Second-timer" and attended a past conference you are eligible for a scholarship of \$25 per individual or \$40 per couple. Will be presented at the closing service on Friday. _____

Past Attendance ~ Number of past conferences you have attended _____

Name _____

Name as you want it on your conference badge _____

Street Address _____

City, State, and Zip Code _____

Preferred Contact Number _____

Email Address _____

Name of Church _____

City and State of Church _____

Position at Church _____

Any Special Needs _____

Dietary Restrictions _____

Emergency Contact Name _____

Emergency Contact Number _____

If flying in, Airline, Flight No. & Arrival Time _____

Music Packets ~ Indicate music packets you will want to purchase on-site. Cost announced later.

ADM Chorus _____

Chapel Choir _____

Advanced Handbells (daily attendance required to prepare for closing service) _____

Beginning Handbells _____

Handbell Reading packet (returned after reading session) _____

Choral Reading Booklets (\$2.50 ea.) _____

Interested in an Organ Crawl on Wednesday, July 24 _____

ADM 2024-2025 Dues Incl. w/credit card (\$25) _____ Incl. w/Reg. in/check (\$25) _____

Billing Information ~ Please pay by check, if possible, to save credit card fees)

Payment Method ~ check one Credit Card _____ Check _____ Amt. for Reg. Fee _____

Name on Card _____

Credit Card Number _____

Expiration Date Month _____ Year _____ Sec Code _____

Country _____

Mailing Address _____

City, State, and Zip Code _____



Send this form with check, money order, or credit card information to:
Disciples Home Missions, Anne Marie Moyars, PO Box 1986, Indianapolis, IN 46206